JOHNSON FLIGHT K	ITCHEN ORDER FORM		ORCE PPORT SQUADRON
TYPE OF MEALS:		GROUND	FLIGHT
MISSION/TAIL# (Flight meal only):			
RANK/NAME:			
SQUADRON/UNIT:			PHONE #
DATE/TIME OF PICK-UP:			
TOTAL NUMBER OF MEALS:			
QTY OF EACH	MENU OPT	MENU OPTION	
	MENU OPTIC	ONS	
FK01 Ham & Turkey	FK2002 Breakfast Cereal		
FK02 Turkey & Cheese			
FK05 Ham & Cheese Sub			
FK08 Uncrustables Sandwiches			
FK09 Chicken Tenders			
FK11 Breaded Chicken Sandwiches			
FK10 Chef Salad			
	SUPPLEMENT O	PTIONS	
SUPP#1	SUPP#2	SUPP#3	SUPP #4
Soda (20 oz)	Gatorade (20 oz)	Water (16 oz)	Fruit Juice (10 oz)
Chips	Carrot/ Celery w/ Ranch Dressing	Chips	Boileg Eggs (2)
Nutrigrain Bar	Nutrigrain Bar	Granola Bar	Nutrigrain Bar
Apple or Orange	Apple or Orange	Apple or Orange	Apple or Orange
	BOX MEAL PR	RICES	
	Standard Ra	ate	
All Meals	\$6.00		
*All meals must be consumed within 4 hours	s of issue.		
**In accordance with AFMAN 34-240, a min	imum of <u><b>2 hours</b></u> is required for all meal preparation	on. Please call to verify receipt of orde	r.
i -	hours prior and confirm the day of pick-up to facilit	tate accuracy.	
****Meals are subject to change due to nor	•		
*****All forms are available at www.kader	nafss.com under Food, Dining Facilities (DFAC) secti	ion, Johnson Flight Kitchen link.	
	Phone #: 634-4494 Weekend		
	E-mail: 718FSS.FSVF.Flight	Kitchen@us.af.mil	
ORDER TAKEN BY:			
DATE/TIME:			
ORDER PICKED-UP BY:			
DATE/TIME:			